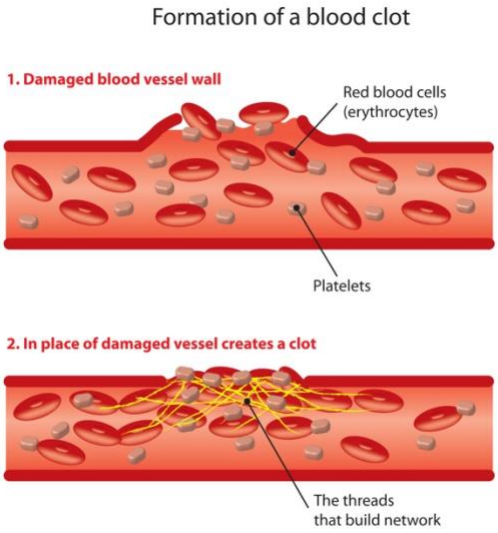
AUGUST 2024

Coagulation Disorders

CMS-HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for common types of **Coagulation Disorders**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Coagulation, or blood clotting, is the process by which the body deploys platelets and blood plasma cells to an injured blood vessel to stop excessive bleeding. **Coagulation disorders** are conditions that affect the body's ability to form blood clots properly, causing either too many or too few blood clots.



ICD-10-CM Code Categories and Descriptions

D68.-*	Other coagulation defects
D69.1	Qualitative platelet defects
D69.3	Immune thrombocytopenic purpura
D69.4*	Other primary thrombocytopenia
M31.10	Thrombotic microangiopathy, unspecified
M31.19	Other thrombotic microangiopathy
D75.84	Other platelet-activating anti-PF4 disorders

*Requires additional digit to complete the diagnosis code.

Clinical Documentation Should Include

Status of Condition	• Stable, improved, worsening, or resolved

Underlying Causes	• Genetic or inherited
	[**List not all-inclusive**]
	  ○ Factor V Leiden mutation – **D68.51**
	  ○ Hereditary factor XI deficiency – **D68.1**
	  ○ Von Willebrand's disease – **D68.0***
	  ▪ Specify: type 1, type 2, type 2A, type 2B, etc.
	• Acquired due to:
	[**List not all-inclusive**]
	  ○ Malignancy
	  ○ Medications
	  ○ Pregnancy
	  ○ Trauma or surgery
	  ○ Myeloproliferative disorders

Treatment Plan	• Document medication use such as:
	  ○ Anti-fibrinolytic drugs
	  ○ Immunosuppressive medicines
	  ○ Desmopressin
	  ○ Thrombin inhibitors or thrombolytics
	  ○ Blood thinners such as aspirin, warfarin, or coumadin to reduce risk of clotting in people with hypercoagulable states
	• Platelet transfusion, frequency, and necessity
	• Pertinent blood clot disorder tests, genetic tests, diagnostic scans, etc.
	• Referral to hematology and/or hematologist recommendations
	• Lifestyle changes including diet, managing stress, quitting smoking, becoming physically active, and/or any referrals given

*Requires additional digit to complete the diagnosis code.

Coding Tips

- **Primary thrombophilia, also known as primary hypercoagulable states**, is coded from category **D68.5.-***.
- Assign **Z79.01** – Long-term (current) use of anticoagulants or **Z79.02** – Long-term (current) use of antithrombotic/antiplatelets if supported in the documentation.
- Document to the highest level of specificity for appropriate ICD-10-CM code assignment.
- When multiple coagulation disorders are documented, select the most specific condition.
- Genetic disorders will affect a patient over their lifetime; verify all portions of the medical record for documentation of genetic conditions.
- **Do not** describe coagulation disorders as “history of” if the condition is still active (in diagnosis coding, “history of” implies the condition has resolved or no longer exists).
- **Do not** use words that imply uncertainty, i.e., “likely,” “probable,” “apparently,” “consistent with,” etc., to describe a current or confirmed diagnosis in the outpatient setting.

Coding Example

Case	A 79-year-old patient is diagnosed with secondary hypercoagulable state and has a history of paroxysmal atrial fibrillation (AF) on anticoagulant maintenance. Does the provider need to link the secondary hypercoagulable state with the atrial fibrillation? What is the appropriate ICD-10-CM code assignment for secondary hypercoagulable state in this scenario?
AHA Coding Clinic 2021 2nd Quarter Rationale	Assign code **D68.69**, Other thrombophilia, for secondary hypercoagulable state. Secondary hypercoagulable state is specifically indexed to this code and includes secondary hypercoagulable state NOS. Secondary hypercoagulable states are acquired disorders of thrombosis due to complex and multifactorial mechanisms. Patients with atrial fibrillation (AF) on chronic anticoagulant therapy may have an increased incidence of acquired hypercoagulable state. However, unless specifically documented by the provider, coding professionals should not assume the presence of a secondary (acquired) hypercoagulable state in patients with AF. In this case, although the provider did not link the hypercoagulable state to the AF, the provider documented secondary hypercoagulable state.

References

- Blood Clotting Disorders (Hypercoagulable States)
- Blood Clotting Disorders – Types
- Coding Purpura and Other Hemorrhagic Conditions
- ICD-10-CM Official Guidelines for Coding and Reporting_FY 2024 – UPDATED April 1, 2024

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at HFproviders.org.

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